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ABSTRACT

This guide is the introductory volume for the third in a series of instructor-assisted training modules for rehabilitation counselors, supervisors, and graduate students. This trainer's guide for the third module focuses on the effective management of the counselor's caseload and provides the instructor's narrative for teaching caseload management skills, i.e.: (1) planning, emphasizing specific goals and action plans; (2) time management, including the effective allocation of time to meet client, counselor and agency needs; and (3) the progress review, providing regular assessment of counselor progress toward planned goals. The format of each section consists of an introduction, objectives, guidelines and practice exercises. Appendix A, Pretraining Information, includes forms for providing advanced workshop information to prospective participants, and the Rehabilitation Counseling Time Estimate and Time Log to be completed prior to the training session. A list of references is also included. (MCF)

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Advanced Facilitative Case Management Series

Training Package III

Systematic Caseload Management

Trainer's Guide

Reed Greenwood Stanford E. Rubin Roy C. Farley

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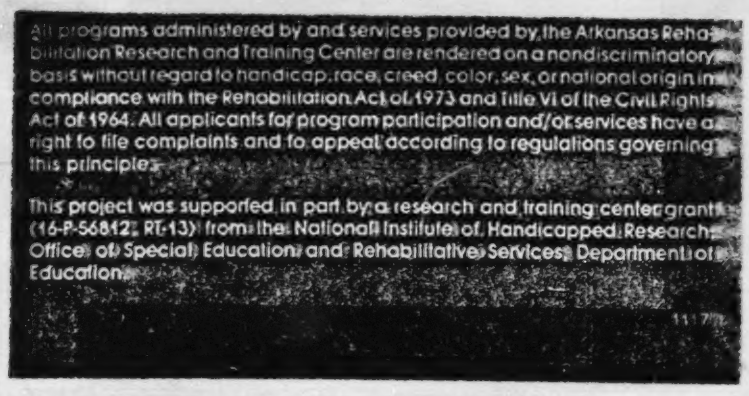
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Foreword

The Systematic Caseload Management Training Package teaches the following caseload management skills: planning, time management, and progress review. Planning focuses on the specification of goals and action plans to be accomplished by the counselor. Time management deals with the effective allocation of rehabilitation counselor time for the critical tasks performed by the counselor to meet client, counselor, and agency needs. Progress review attends to the regular assessment by the counselor of accomplishments to determine if planned goals have been achieved. All three skills play a significant role in the effective management of the rehabilitation counselor's caseload.

The development of this package was no simple task. A tremendous amount of support and consultation were received. In fact, so many people reviewed the material that it would be most difficult to list each person's name. However, we are particularly indebted to a number of Region VI rehabilitation personnel who served on "user review teams" and provided input and suggestions from the trainer's viewpoint as well as the practitioner's viewpoint. Among these were:

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Reed Greenwood
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Instructions to Trainer

The Systematic Caseload Management Training Package

Instructions to Trainer

The Systematic Caseload Management Training Package consists of:

1. A Trainer's Guide
2. Participant's Workbook

Trainer's Guide: This manual contains the narrative which the instructor may read or paraphrase. It should be used in conjunction with the Participant's Workbook. In some instances the manual and workbook contain identical material; in others, the material is similar but not identical.

Participant's Workbook. This document contains all the forms and training aids that would typically be distributed to the participants during the workshop.

The package is intended to provide the instructor with instructional materials necessary for teaching Systematic Caseload Management. However, the instructor should feel free to substitute and/or add examples and training aids which are most appropriate to a given group of trainees. It may also be necessary for the instructor to modify some of the activities provided by this package to fit a particular teaching style and/or time considerations.

Workshop Schedule

The Systematic Caseload Management Training Package is flexibly structured to allow for varying training schedules. The training program can be presented in its entirety, that is, the instructor and the trainees can meet on consecutive days until all the instructional components have been covered. Or, the instructional components can be covered in a series of training sessions. It is recommended that the instructional components be presented in order and as close together timewise as possible. Your experience with the package may suggest a more appropriate schedule.

Adequate lunch and rest-breaks should be scheduled into the workshop. Work period should not exceed two hour periods and participants should not be scheduled for more than 7½ hours of work time per day.

Depending on the amount of group discussion allowed, all materials should be covered in approximately 15 hours.

Number of Participants

Because of the nature of some of the activities, the program does not lend itself well to large group instruction. Group size should be restricted to a maximum of fifteen participants.

Participant Selection

Since the program was designed specifically for rehabilitation field counselors, that group would probably receive the greatest benefit from the training. Within the rehabilitation counselor group the newer counselors would likely benefit most. Rehabilitation supervisors who wish to have a "model" as a guide for critiquing their counselors' caseload management behavior should also find the training beneficial. Also trainees must be willing to complete the pre-training activities presented in Appendix A.

Classroom Setting

Freedom from outside distraction and participant comfort are the primary considerations in selecting a classroom for instruction. The classroom should be arranged to allow free interaction among participants. Ideally, the participants should be seated around a conference table. It is necessary for the participants to have some type of physical structure to handle the workbook and allow them to write. Guard against having an oversized classroom. Since part of the training involves listening to tapes, an excessively large classroom may make understanding difficult.

Group Discussion

Group discussion is an integral element in the success of this training program. The trainer should make every effort to facilitate the expression of participant reactions, ideas, etc. Each exercise involves group activities. The participants should be divided into groups of three each with each group selecting a reporter to present the report after each exercise.

Equipment Needed

A cassette recorder is a necessity. An auxiliary speaker which provides good sound quality would also be a valuable aid.

Participants will be required to respond to writing during the program, and will need pencils or pens.

A chalkboard and chalk are helpful for some activities.

Handling of Participants' Workbooks

When participants' workbooks are distributed, trainees should be instructed to refrain from moving ahead of the page currently under discussion. Curiosity tempts participants to look ahead through the material. Because of the sequential nature of the activities, this can detract from class discussions. It is also suggested that workbooks be left in the classroom whenever class is not in session. Participants should keep their workbooks at the conclusion of the program.

Ordering Materials

Order forms for all materials of the Facilitative Case Management package may be obtained by writing:

Director of Training
Arkansas Rehabilitation Research and
Training Center
P.O. Box 1358
Hot Springs, AR 71901

Introduction to the Systematic Caseload Management Training Package

Systematic Caseload Management

A Training Package Within the Facilitative Case Management Model

The Facilitative Case Management Model is based upon the belief that the total rehabilitation of the person is the goal of our involvement with those receiving rehabilitation services. The rehabilitation counselor is ethically responsible for attempting to serve the "whole" person. Services must be delivered without violation of the client's rights to human dignity and independence.

Although most rehabilitation professionals would see the last statement as valid, its value is limited in regard to defining the rehabilitation counselor's role. That role has been the object of controversy for almost twenty years. Some have described him/her as a counselor. Others have described him/her as a coordinator. Still others have described him/her as counselor-coordinator. If the focus is restricted to counselors employed by state rehabilitation agencies, much of this controversy can be resolved on the basis of job demands. Observation of the vocational rehabilitation process described in McGowan and Porter (1967) and Rubin and Roessler (1978) and the results of Emener and Rubin's (1980) rehabilitation counselor role and function research makes it clear that the state agency rehabilitation counselor must be both an effective counselor and an effective coordinator.

Overall, the research on rehabilitation counselor role and function suggests that the counselor must be:

1. an effective interviewer
2. an effective diagnostician
3. an effective goal setter
4. an effective coordinator
5. an efficiency expert

The Facilitative Case Management Model attends to all four areas through three instructional training packages. They are:

1. Intake Interview Skills for Rehabilitation Counselors
2. Goal Setting: Guidelines for Diagnosis and Rehabilitation Program Development
3. Systematic Caseload Management

The three training packages are designed to teach the following rehabilitation counselor management skills:

1. Caseload management
2. Relationship building
3. Intake interviewing
4. Arranging for diagnostic services
5. Diagnosis of client problems and rehabilitation needs
6. Goal-setting interviewing
7. Goal monitoring

The Systematic Caseload Management Training Package focuses on the management responsibilities of the counselor. In order to carry out those responsibilities, it is necessary to understand the basic counselor functions and tasks (many of which are covered in other FCM training packages) demanded by the rehabilitation process. It is also necessary to understand those specific managment skills which must be mastered by the rehabilitation counselor. The latter include planning, time management and progress review skills.

With that in mind, the Systematic Caseload Management (SCM) Training Package deals with the necessary knowledge and skills which the rehabilitation counselor must possess to effectively manage a caseload. Special attention is directed to the resources which the counselor brings to bear with and for the client and the most effective use of time for resource utilization with an entire caseload.

Overview of the Systematic Caseload Management Training Package

Systematic Caseload Management (SCM) training is directed toward upgrading rehabilitation counselor skills related to the management of an entire caseload of rehabilitation clients.

SCM training covers three major phases: Planning, Time Management and Progress Review. Planning focuses on the specification of goals and action plans to be accomplished by the counselor. The counselor plans for the use of his/her time, resources and all counselor tasks. Time Management deals with the effective allocation of rehabilitation counselor time for the critical tasks performed by the counselor to meet client, counselor and agency needs. Progress review is the regular assessment by the counselor of accomplishments to determine if planned goals have been achieved. These three phases are directed to the following questions: (1) What is to be accomplished and how? (2) When is the task to be done? and (3) Was the task done and if not, what should be done to accomplish it?

During SCM Training the counselor will be introduced to the knowledge and skills necessary to plan, manage time and assess progress. There are also trainee participation exercises designed to promote the learning of guidelines through direct experience. Additionally, the trainee will be provided with working tools for implementing the guidelines of effective planning, time management and progress review. There are pre-training activities required of the trainees. These are presented in Appendix A and will be used during the Time Management training.

Phase I

Planning

Introduction to Planning

The rehabilitation counselor must concurrently serve many clients, each of whom requires a certain amount of counselor work time. Agency meetings, supervisory conferences and continuing education programs also place significant demands on counselor work time. Therefore, if service goals are to be achieved in an effective manner, careful planning is necessary

This phase of SCM training introduces the counselor to the necessary knowledge and tools for effective planning. Necessary knowledge includes: (1) the basic functions and tasks performed by the counselor, (2) the rehabilitation process, and (3) the relationship among those two. Such knowledge is essential for any counselor employed by a state rehabilitation agency.

During Planning training, instruction is provided in techniques for monitoring service goals and developing action plans to achieve those goals. Therefore, trainees will be taught to effectively scan their caseloads to determine service goals and actions necessary for achieving those goals. Planning instruction is also provided for meeting agency and job related self-development needs as well as on establishing priorities and maintaining flexibility.

Therefore, the purpose of this phase of the training is to prepare the trainee to be systematic in scanning service goals and developing action plans to achieve these goals. Secondarily, the purpose is to provide the counselor with general planning guidelines and the tools by which planning can be effectively accomplished.

Objectives for Training in Planning

The Planning Phase of the SCM training package has five objectives. These are to promote an understanding of:

1. rehabilitation counseling functions and tasks,
2. the rehabilitation process,
3. the relationship among the counselor functions and tasks and the rehabilitation process,
4. general planning guidelines,
5. and a technique for monitoring service goals.

Guidelines for Effective Planning

1. The rehabilitation counselor is called upon to fulfill many professional functions as part of his/her work role with any given client. Those functions include: (a) intake interviewing, (b) eligibility determination, (c) joint development of the rehabilitation plan, (d) arranging and purchasing rehabilitation plan designated services, (e) monitoring and problem solving, and (f) placement and follow-up.

Elaboration by Trainer

Page 3 of Participant's Workbook

For effective planning, the demands of those six functions must be thoroughly understood. You may wish to jot down notes about these functions in your workbook.

Intake Interviewing: A major function of the counselor is the initial interview and the information collection and information dissemination tasks associated with initiating the client into the rehabilitation process. The information collection demands of the intake interview can be observed in Table 1 on pages 4 and 5 of the Participant's Workbook, which provides a list of of the types of information obtainable via the intake interview.

Eligibility Determination: The next major function involves the arranging for necessary medical, psychological and/or work evaluation and the processing of all available information on the client in order to determine client eligibility for rehabilitation services. Table 2 on pages 6 and 7 in the Participant's Workbook shows the large number of diagnostic questions that would have to be addressed during the evaluation process.

Joint Development of the Rehabilitation Plan: The third major function is to jointly develop a rehabilitation plan with the client.

Arranging and Purchasing Rehabilitation Plan Designated Services: This task involves the variety of arrangements for services such as training, physical restoration, and related supportive services such as transportation and housing. These tasks usually involve contact with other professionals such as physicians, psychologists, social workers, vocational evaluators, supervisors, secretaries and placement personnel who may be located within or outside the agency. The counselor also maintains a case service budget which allows for the purchase of necessary client services. These purchases have to be made according to the regulations governing sound purchasing practices.

Monitoring and Problem Solving: This function deals with monitoring the service program developed in the rehabilitation plan and assisting in problem solving tasks as necessary during the service program.

Placement and Follow-up: It is not unusual for the rehabilitation counselor to become involved in the direct placement of the client in a job. This task involves all the activities which could be connected to the placement process; e.g., contacting employers, job analysis, contacting clients following placement.

2. In the service provision process for some clients, the rehabilitation counselor will be called upon to interact with significant others.

Elaboration by Trainer

Page 8 of the Participant's Workbook

Families of clients, client friends, and a host of community resource personnel such as civic club members may also be involved in the client's rehabilitation program. When this is the case, the counselor must interact with these individuals.

3. Each of the functions discussed under Guidelines 1 and 2 requires the rehabilitation counselor to undertake the case processing functions of (a) recording and reporting, and (b) decision making. Again, those tasks must be thoroughly understood for planning purposes.

Elaboration by Trainer

Page 8 of the Participant's Workbook

Recording and Reporting: These tasks involve those completed by the counselor as an official representative of a public agency for which records and reports are required. Eligibility determination, rehabilitation plan development, and purchasing services are examples of activities requiring reporting and recording.

Decision Making: In addition to assisting the client in making decisions about vocational plans and services the counselor makes decisions as a representative of the agency on such topics as eligibility, services to purchase for clients, and the appropriate time for case closure. It is expected that these decisions are made in the best interest of the client and the public.

4. In order to effectively plan for the management of the caseload, the rehabilitation counselor must thoroughly understand the demands of each function listed under Guidelines 1, 2, and 3.

Elaboration by Trainer

Page 9 of the Participant's Workbook

The Facilitative Case Management approach requires rehabilitation counselor proficiency in those functions and tasks listed in Figure 1. These functions represent key activities in the rehabilitation process. If performed effectively by the counselor they will greatly enhance his/her effectiveness in serving rehabilitation clients. They should be kept in mind throughout the entire SCM training process since they are central to the meeting of client's needs.

Exercise 1

Pages 10-13 of the Participant's Workbook

We have just covered the major rehabilitation counselor job functions. Meeting in small groups, critique the contents of Figure 2 in regard to the appropriateness of the match between each function and task and the required knowledge and skills listed. Feel free to add knowledge and skills not found in the list.

5. To plan effectively, the rehabilitation counselor must also understand the rehabilitation process. That process is divided into three basic phases: evaluation and planning, treatment, and termination. The client moves through these phases in an orderly manner with the services provided by the counselor and all others involved in the rehabilitation of the client.

Elaboration by Trainer

Page 14 of the Participant's Workbook

Figure 3 lists the three phases of the rehabilitation process and space is provided for note taking under each phase.

The three major phases of the rehabilitation process are defined as follows:

Evaluation and Planning: The collection of all significant information affecting the rehabilitation of the client; the processing of this information to arrive at alternative vocational choices; and the selection of a vocational choice and service plan for converting the vocational choice to related employment.

Treatment: Services determined as needed during the evaluation and planning phase are implemented during this phase under three general headings—counseling and guidance, physical restoration and training. Additionally, services in support of these such as maintenance, transportation and tools and equipment may be provided during this phase.

Termination: This phase begins with the attainment of all client intermediate rehabilitation objectives with the possible exception of job seeking skills. With the exception of those clients requiring post-employment services, it ends with the employment of the client for a minimum 60 day period.

6. The rehabilitation process can be further understood by knowledge of the case status system used throughout the vocational rehabilitation agencies in the United States. The case status system parallels the three phases of the rehabilitation process (Evaluation-Planning, Treatment and Termination) discussed under Guideline 5.

Elaboration by Trainer

Pages 15, 16, and 17 of the Participant's Workbook

Figure 4 on pages 16 and 17 of the Participant's Workbook shows the specific parallel between the case status system and the evaluation-planning, treatment and termination phases of the rehabilitation process. Figure 4 should be read from left to right as a flow diagram. The optimal path if all goes well is represented by the heavy black line. Key decisions are represented by circles in the flow chart.

Note to Trainer

Use the remainder of this elaboration with new counselors only.

Reading this chart and walking through the evaluation-planning phase would be as follows:

a. The client becomes a referral because of some action by the client or a third party. This occurs at the Status 00 point in the system.

b. The next step is a decision point—Does the client apply for services? That is, does the client become an applicant? If yes, the client is moved to the next status, Status 02. If no, the client is closed in Status 08.

c. The next step is another decision point—Is the client eligible for rehabilitation services? If yes, the client moves to the next status, Status 10, or Plan Development Status. If the answer is no in terms of meeting the third requirements for eligibility (a reasonable expectation that vocational rehabilitation services may render the individual fit to engage in a gainful occupation), the next question is also a decision point. Should extended evaluation services be provided to determine eligibility? If yes, the client enters Status 06, Extended Evaluation Status, and returns again for the eligibility decision when extended evaluation services have been completed. If the answer regarding extended evaluation services or the first two eligibility requirements (the presence of a physical or mental disability and the existence of a substantial handicap to employment) is no, the client is closed as a Status 08 closure.

d. Now back to the heavy black line. If the client has been determined as eligible, he/she moves to Status 10, the Plan Development Status.

e. If development of the plan is complete, the client moves to the next status, Status 12 or the Plan Completed Status. If not, the client is closed from the system as a Status 30 closure.

f. To recap that part of the case status system pertaining to the evaluation-planning phase, we have moved the client through the various steps in the rehabilitation process from entering the system through the development of a rehabilitation plan. This completes the formal process linked to the Evaluation-Planning Phase.

g. Now, let's move on to the Treatment Phase. We pick the client up at the Plan Completed Status and begin from there. We reach another decision point. Are services called for in the plan initiated? If yes, the client moves into one of three major treatment statuses:

Counseling and Guidance - Status 14 - The major services provided by the rehabilitation counselor are counseling and guidance.

Physical Restoration - Status 16 - The major service provided is some type of physical or mental restoration.

Training - Status 18 - The major service provided is some form of vocational, educational, personal adjustment or other training.

The next question is whether called for services have been initiated. If such services never reach the initiation point the client is closed in Status 30. Sometimes, services may be initiated and interrupted due to client illness or other problems. When this occurs, the case is placed in Service Interrupted, Status 24, until services are begun again.

h. We reach the next decision point. Were services completed? If the answer is yes, the client moves to the Termination Phase of the process. If the answer is no, the client is closed in Status 28.

i. Once the treatment phase is completed we are ready to move to the Termination Phase. The Termination Phase is the stage at which the vocational rehabilitation process concludes. When the decision point moves to the Termination Phase the next status is Status 20, Ready for Employment. This may be concurrent with the last of the treatment phases if the employment search has been completed prior to the completion of training, counseling and guidance or physical restoration. However, the decision point is whether or not the client is ready for employment. If the answer is no, then additional services may be required. If the answer is yes, then employment searches are initiated. Also, services may be interrupted during this phase as well.

j. The next decision point is whether or not the client was placed. If yes, the client is moved into Status 22, the In Employment Status. Again, the client may move into Services Interrupted from this status.

k. The last decision point is whether the employment was successful. If yes, the client's case is closed in Status 26. If no, the client will likely return to Ready for Employment or a service status. Cases may also be reopened as post employment cases when services of a minimal nature are needed to continue employment. The post employment statuses (32 and 34) are not shown on Figure 4.

This completes the review of the rehabilitation process. As can now be easily seen, the flow chart in Figure 4 has linked the three phases of the rehabilitation process together for purposes of providing a total and integrated view of the rehabilitation process from beginning to end. Concurrent consideration of the case status system and the three phase rehabilitation process should facilitate counselor identification of (1) specific tasks to be performed, (2) the major case service decisions which must be made, and (3) the various case processing demands associated with each step in the process.

7. The rehabilitation counselor should be able to systematically relate the counselor functions and tasks to the rehabilitation process.

Elaboration by Trainer

Page 18 in the Participant's Workbook

Now that we have introduced the counselor functions and tasks and the rehabilitation process, it is time to examine the relationship between the two. This calls for the introduction of the Rehabilitation Grid which interrelates the two within one scheme. Figure 5 on pages 19-20 of the Participant's Workbook represents the basic Rehabilitation Grid. Note that the rehabilitation process moves along the horizontal dimension and the counselor functions and tasks move down the vertical dimension. We can take the intersection of the process and counselor functions and determine what the counselor will likely have to perform at that stage of the process. The use of the Rehabilitation Grid allows the counselor to clearly identify any task necessary to move a client from one stage of the process to the next. For example, during the Evaluation-Planning phase of the process the counselor will often perform the Arranging task by making necessary arrangements for medical examinations. Also, during that phase the counselor will perform the Recording tasks associated with documenting the presence of a disability, the documents associated with eligibility and other case records. The Rehabilitation Grid is the basic model for linking the rehabilitation process and the counselor's functions and should be reviewed periodically to remind the counselor of the relationship between these two aspects of rehabilitation.

The Rehabilitation Grid will be reviewed in more depth later in the training program. After some additional materials are presented, we will return to the Grid and take a client through the process, identifying each counselor task during the major phases of the process.

Note to the Trainer

This is an appropriate time to review the material which has been introduced thus far. The trainer may wish to make sure through group discussion that the trainees have a clear understanding of the following:

1. The rehabilitation counseling functions and tasks included in the Rehabilitation Grid.
2. The three major phases of the rehabilitation process included in the Rehabilitation Grid.
3. The case status system and the relationship between the three phases of the rehabilitation process.
4. The Rehabilitation Grid and how it links the counselor functions and tasks and the rehabilitation process.

8. The counselor should use a systematic process to monitor the service goals for each client. Such a process involves an instrument such as the Service Goal Monitoring form by which the counselor specifies service goals to be accomplished and states the action plan to accomplish the goal.

Elaboration by Trainer

Page 21 in the Participant's Workbook

The counselor should use a process for identifying and monitoring service goals. A form, the Service Goal Monitoring Form is shown in Figure 6 on page 22 of the Participant's Workbook. This form utilizes the concept presented in the Rehabilitation Grid by linking the phases of the rehabilitation process with counselor functions and tasks. There is a place to enter the client's name and the phase of the process can be circled depending on where the client is in the process. Note also that the counselor functions and tasks are presented to alert the counselor to the major tasks which may be required.

The counselor uses the Service Goal Monitoring Form to identify the specific service goals for a client at any phase of the rehabilitation process and selects action plans to achieve the goals. For example, a typical service goal and action plan for a client might be as follows:

Service Goal:	Select a vocational goal with Melinda Bracken
Action Plan:	Conduct a Rehabilitation Plan Development interview with Melinda Bracken

Several other examples of entries which could be made on the Service Goal Monitoring Form can be found on figure 7 on page 23 of the Participant's Workbook.

9. When completing the Service Goal Monitoring Form with service goals and action plans and when developing other plans, the counselor should be as specific as possible. Service goals and action plans should be stated in behavioral terms if at all possible.

Elaboration by Trainer

Page 24 in the Participant's Workbook

Service goals and action plans should be written in behavioral terms if at all possible. These should communicate clearly the service goal and what action will be taken. When such is the case, the counselor will be in a better position to evaluate actual outcomes against planned-for outcomes. For example, a service goal for a client might be to improve functioning of arthritic hands. An action plan might be to contact an orthopedic surgeon and arrange for an evaluation and surgery if necessary. A specific service goal and action plan such as these enable the counselor, the client and others such as supervisors to clearly understand the rehabilitation process which the client will negotiate.

10. In addition to identifying service goals, be aware that there may be several alternative action plans for achieving a service goal.

Elaboration by Trainer

Page 24 in the Participant's Workbook

The exploration of alternative actions for achieving service goals can allow for more effective choices by the counselor and the client. For example, while the service goal for a client who is ready for placement may be to "Obtain a job as a key punch operator", the alternative action plans for meeting the service goal could be many. The counselor may systematically assist the client in developing these alternatives prior to the final choice of the action plan.

Page 24 of the Participant's Workbook provides an example of a service goal with several alternatives specified.

Exercise 2

Now that we have introduced a tool for monitoring service goals in order to develop action plans, I would like to provide you with an opportunity to practice utilizing it with the rehabilitation case of Shirley Steed. Turn back to page 22 of the Participant's Workbook. Here you will find a Service Goal Monitoring Form. We are only concerned here with the Evaluation-Planning phase since you will be using an Intake Interview Summary on Shirley Steed.

I will now play a tape containing a statement by Shirley Steed, a white, 38 year old, divorced female, summarizing what she told her rehabilitation counselor during her intake interview. You may read along beginning on page 25 of your workbook if you wish. After the tape ends I will divide you into groups of three and ask each group to identify the service goals for Shirley Steed that must be achieved during the Evaluation-Planning phase. After listing the service goals, list possible alternative actions to consider as a means for achieving each service goal.

11. The counselor should remain aware of agency job requirements and personal professional needs which must be planned for as part of the job role.

Elaboration by Trainer

Page 27 in the Participant's Workbook

Although the counselor's first commitment is to serving the client, it is also necessary to be aware of and plan for various agency requirements such as supervisory conference and staff meetings. Also, the counselor should attend to his/her own professional development and monitor needs for such activities as reading the professional literature and continuing education courses and workshops. By monitoring demands in these two areas along with client need demands, the counselor can plan effectively to meet the requirements necessary for successful employment in the vocational rehabilitation program.

Exercise 3

Since we have shifted our attention for the moment from the client's needs to the needs of the agency and the counselor, the next exercise calls for you to think about some possible agency needs (e.g., attend monthly production review meetings with supervisors) and counselor needs for which the counselor must plan. Turn to page 27 of the Participant's Workbook for a space to record your thoughts about some of these typical needs and requirements. This should be done individually. After completing your list, share some of the entries among your group and discuss any aspects of this you feel are important.

12. Prioritize! After determining the client, the agency and the counselor needs which must be met, the counselor should prioritize these in terms of which should receive attention and action first.

Elaboration by Trainer

Page 27 in the Participant's Workbook

Although the counselor must decide which action comes first in any situation, this is often done in terms of "oiling the squeaky wheel" first. Sometimes this priority setting is done by others, as in the case of the supervisor who calls a staff meeting the first thing Monday morning. However, when the counselor is allowed the discretion to set priorities, this should be done by reviewing the various needs and setting priorities on which comes first and which will receive the counselor's attention.

Exercise 4

This next exercise is designed to stimulate your thinking about priorities for the counselor. First, turn to page 28 of the Participant's Workbook where you will find Counselor Ellen Murray's story. Ellen is a rehabilitation counselor with a general caseload of clients. It is late Friday afternoon and Ellen is faced with a problem of deciding what to do the coming week. I will play a tape recording containing the statement by Ellen Murray found on page 28 of your Workbook. After the tape ends turn to page 29 of your Workbook. There you will find ten tasks which Ellen will face during the next week. With Ellen's story in mind study the tasks, assign priorities from 1, the task to be done first, to 10, the task to be done last. Assume that Ellen has time to perform all of these tasks within the coming week. After you have completed your rankings individually, share your results with your small group and discuss any differences you may have. We will share the results with the total group after the small group discussions.

13. Be flexible! Although the purpose of planning is to improve the realization of the important goals of the counselor's work, plans should be flexible and adjusted as necessary.

Elaboration by Trainer

Page 30 in the Participant's Workbook

A well known authority on management has said that plans are needed but they must degenerate into work to be effective. When plans degenerate into work, they do not always proceed as expected. Therefore, it is important that the counselor be flexible and consider a plan the same way that we consider an airplane route—it should be changed when the conditions require it and alternative courses considered.

Epilogue to the Planning Task of Systematic Caseload Management

Elaboration by Trainer

This concludes the training component on planning. Turn to figure 9 on page 31 of the Participant's Workbook for a brief review of the thirteen planning guidelines. These are paraphrased somewhat from the guidelines presented in each of the preceeding sections. However, these thirteen represent the key ingredients which must be mastered within the Systematic Caseload Management task of planning and are important to the understanding of the next task of time management.

Phase II

Time Management

Introduction to Time Management

The rehabilitation counselor faces the same task that any professional does in the management of time. Time utilization greatly influences what can be accomplished during any given period. More and more we hear about the large caseloads which limit the amount of time the counselor can spend with the client or perform tasks on behalf of the client. Having focused on the "what and how" in the Planning phase, it is appropriate to now look at the "when and how" the counselor allocates time to the goals and action plans developed during planning.

Time management moves the focus to the application of plans to time periods. Time management is by definition the effective allocation of time to the critical functions and tasks performed by the counselor. The counselor has to allocate time across a calendar in order to meet various needs. This phase of the training provides the knowledge and skills necessary to effectively allocate time in an optimal manner. A review of time management guidelines developed from a variety of sources, including research on the time management practices of effective professionals, will be the major focus of this training. These guidelines should guide the counselor to critically examine how time is allocated and spent during the work day and to manage time more effectively.

The purposes of this training are to introduce the counselor to the importance of managing time effectively and to provide guidelines which assist the counselor in allocating time to the important goals to be achieved.

Objectives for Training in Time Management

The Time Management Phase of the SCM training package has five objectives. These are:

1. to promote an understanding of time planning;
2. to promote an understanding of time organizing;
3. to promote an understanding of time control;
4. to promote an understanding of the time required to conduct rehabilitation counseling according to professional standards; and
5. to provide the counselor with tools for effective time allocation.

Guidelines for Effective Time Management

Page 35 in the Participant's Workbook

1. Analyze your time.

Elaboration by Trainer

Frequently when asked to estimate how their time is spent, professionals such as rehabilitation counselors provide responses which are considerably different from what they actually do. In order to know how your time is currently spent, it is necessary to periodically log what you do and when it is done. This provides an accurate record of how time is spent and whether or not it is being devoted toward the accomplishment of the important goals the counselor wishes to achieve. You were asked to complete a log of your time for one week prior to attending the workshop with the guide you were provided. Also, you were requested to summarize the amount of time devoted to certain tasks during that week.

Exercise 1

What I would like to do now is to obtain some idea of the results you obtained from your time log. Using the chart on page 35 of the Participant's Workbook, record in the **Actual** Column the total number of hours which you devoted to the functions and tasks reported there. Use the time log and examine each day for an activity falling under the topic. For example, begin with the intake interviewing task and go through each day and total the time devoted to that task. Write the total in the blank. Then proceed to the next task and work through the entire work week.

Any tasks which do not fit into the categories should be noted on the bottom of the form. After you have completed the **Actual** Column, complete the **Estimate** Column by copying the figures from the Rehabilitation Counseling Time Estimate Form which you completed at home. This should provide some picture of the amount of agreement or discrepancy between how you actually spend your time and how you think you spend your time.

Note to the Trainer

After the times have been recorded, stimulate group discussion of the results. This exercise should be particularly helpful in identifying misperceptions of the difference in the way the counselors think they are spending time and the actual way their time is spent.

2. Develop a time map and plan daily.

Elaboration by Trainer

Page 36 in the Participant's Workbook

Research has shown that professionals who plan both daily and into the future are able to significantly accomplish more than those who do not do such planning. However, a good many professionals, including rehabilitation counselors, do not plan regularly. A useful tool which counselors may use to plan and allocate time is the time map (See page 36 of Participant's Workbook). There is nothing magical about the time map and any monthly calendar format may be used as long as it has ample space to record the time plans for the counselor.

The time map provides space for each significant task to be performed by the counselor on a weekly basis over at least a year. The best time map allows the counselor to examine at least one full week's activities at one time. The counselor uses the Service Goal Monitoring form to identify all service goals and action plans necessary for clients and records these on a time map according to when they are to be performed. At the conclusion of each day the counselor should determine what service goals have been met and what adjustments should be made for coming days. The counselor should list as a minimum the tasks to be performed each day. Once the time map is developed, the counselor can examine at any time what tasks are being performed and what service goal they are directed at meeting. Of course, the time map would also identify time allocated for meeting counselor and agency needs. Time map contents can be shared with others such as interested supervisors.

3. Allow for the unexpected.

Elaboration by Trainer

Page 37 in the Participant's Workbook

Counselors often find themselves responding to crises which arise in the provision of rehabilitation services to clients: the client who suddenly has to be hospitalized and authorizations have to be prepared and arrangements made; the client who is having difficulty adjusting to the sheltered workshop environment and is talking of dropping out of the program; the supervisor who requests a meeting during the day when everything is already scheduled. These and many other situations arise and require a fire-stomping response on the part of the counselor. One way to plan ahead for such contingencies is to allow at least one hour each day for unscheduled activities. If the time is not claimed, it provides an excellent opportunity to catch up on some other activity such as a review of the latest employment information for the local area.

4. Assess the uncontrollable.

Elaboration by Trainer

Page 37 in Participant's Workbook

The counselor may have much of his/her time programmed by others. Supervisors and administrators may schedule activities which allow for little flexibility. However, the counselor usually can decide how much time he/she has contol over and plan for the effective allocation of this discretionary time. Also, when the counselor can show a clearly developed itinerary and time map and what an interruption in that would do to client services, he/she has a better possibility of minimizing interruptions in important client services.

Exercise 2

Using the form on page 37 of the Participant's Workbook, I would like you to jot down the types of activities which consume your time and are controlled primarily by others. Indicate what the activities are and who exerts the controls.

After you have assessed the uncontrollable, also list the activities which you largely control in terms of time allocation. When you have completed this, estimate, in the spaces provided, the amount of time you control and the amount of time controlled by others.

After you have worked on this for about 15 minutes, we will list some of these on the board and discuss them. This exercise should give us some ideas about the uncontrollable events in your work environment and how these affect your time allocation.

5. Delegate and minimize involvement in routine, repetitive activities.

Elaboration by Trainer

Page 38 in the Participant's Workbook

Although the rehabilitation counselor may not have aides other than clerical assistants, he/she should identify and delegate all tasks which can be performed effectively by such support personnel. Although this is heard over and over again, it is important that the counselor eliminate tasks which can be performed by others in order to have time for the critical tasks necessary to help the client.

Paperwork which can be delegated to clerical assistants is one area where the counselor can significantly free up time. Also, routine scheduling for clients as well as routine arrangements for services can be handled by the clerical assistant. The counselor can also delegate the task of responding to routine requests from clients and others by instructing the clerical assistant about the types of requests he/she should handle and also provide instruction in the technique for responding.

6. Consolidate similar tasks.

Elaboration by Trainer

Page 38 in the Participant's Workbook

Grouping activities by similarity of function assists in making effective use of time. Setting aside time to answer correspondence or to review the mail; making and replying to phone calls; dictating case narratives; clustering interviews during the same time of the day, such as the morning; are examples of tasks which can be consolidated, thus saving time. Also, the consolidation of such tasks usually results in greater efficiency and effectiveness.

Exercise 3

Turn to the form on page 38 of the Participant's Workbook. This form provides space for you to list tasks which could be consolidated for more efficient use of your time. Think about the types of things you do as a rehabilitation counselor which might be consolidated into one block of time. Write these on the form. After you have worked on this for about 10 minutes, we will list some of them on the board and discuss how they could be consolidated. We will also discuss problems you might encounter in attempting to consolidate similar tasks.

7. Use your prime time for the important tasks.

Elaboration by Trainer

Page 39 in the Participant's Workbook

You are likely familiar with the concept of personal prime time. Most of us have a time during the day or night when we are more effective than others—a personal prime time. If you are such a person, it is likely that you will perform best during the prime time period and that you should use that time for the most important tasks. In rehabilitation counseling, it would be hard to imagine a counselor not reserving this time for client interviews and related tasks. Interviewing clients at 8:00 a.m. would do the individual a disservice if you are not at peak efficiency until 9:00 or 10:00 a.m. This type of counselor should conduct other tasks during the early hours if at all possible and reserve prime time for more critical tasks.

Exercise 4

With the total group, ask the participants to identify their prime time. After each individual has done this, using the form on page 39 of the Participant's Workbook, record the times on the board by using a summary of the form. Direct a discussion of the implications of varying prime times on the practice of rehabilitation counseling and the allocation of counselor time to important tasks.

8. Avoid procrastination.

Elaboration by Trainer

Page 40 in the Participant's Workbook

Here we go again with another old adage—sounds good but how do you do it. Putting things off is a continuing problem for most of us, particularly if we find certain tasks difficult, unpleasant or uninteresting. Also, we are faced with tasks which seem almost overwhelming in scope and the tendency to put these off until tomorrow is with us.

Procrastination is one of the major problems in time management, particularly if you tend to put off the important tasks. Usually, all of us are faced with the difficult client; or the awesome report; or the reluctance to meet with the supervisor; or the possibilities of meeting rejection when we call on that employer. These tasks may be seen in such a way that they are put off; then deferred; then put off; then set aside; then it becomes too late to do anything about them.

There are some techniques which have been successful for others in dealing with this time management problem. One is to keep some nagging reminder before you until you get moving on the task. This might be a note in the middle of your desk or a reminder on the wall or some other visible nagger. Another way is to talk with someone about the task and explore possible solutions and techniques regarding the task with them. This often helps to view the task in other perspectives and often results in ideas which make the task seem less formidable. Another technique is to try to break the task into components or parts and begin work on one segment at a time. These are some guides which could help in avoiding procrastination.

Exercise 5

Working individually I would like for each of you to identify tasks which you tend to put off. The form on page 40 of the Participant's Workbook provides a space for you to write down some of these tasks. Also, on that form are spaces for indicating how you might have successfully dealt with this procrastination in the past or, possibly, how you might deal with this in the future. Complete the first part of the form individually. After you have completed that, meet with your group and discuss the second part of the form. See what you can think of which might have worked in the past or might work in the future to avoid procrastination.

9. Identify and avoid the time wasters.

Elaboration by Trainer

Page 41 in the Participant's Workbook

Time management is often a tricky business, particularly when you are attempting to complete an important task and something is interfering with getting it done. Take for example, the counselor down the hall who likes to drift down when ready for coffee and stop for a 30 minute bull session at your door. You sometimes really enjoy the visits but often this really gets in your way of accomplishing something. What do you do? Close your door and hang out a "do not disturb" sign? Ask him to go away and come again another day? These and other time wasters can really interfere with accomplishing important tasks the counselor sets out to do. Learning to say no to requests for help which do not contribute to your own efforts is another problem area. The identification and resolution of time wasting problems is an important time management guideline.

This guideline gets at the heart of personal control of time and tasks. There are no techniques which can be universally applied to everyone. However, some techniques have been found helpful by individuals in a variety of settings.

Close your door. Although some might view this as a sign of hostility and reclusiveness, simply closing your office door for periods when you must concentrate on important tasks is one way to reduce interruptions. If this is done in connection with the next technique it usually presents little problem.

Set up availability hours. Although this can be done informally, let others know that you are usually available during certain times of the day when you are in the office. Informing your secretary that you prefer to see visitors or others during this time will also help control some unwanted interruptions. Soon others will get the message that you are available but preferably at given times and not all of the time. Usually a balanced alternation between quiet hours and availability time is workable and preferable.

Use your unscheduled time. If you follow the principle of allowing for unexpected contingencies by setting aside some time each day, you can indicate to the interrupting individual that you are really snowed at this time but could get back together later in the day.

Avoid those little tempting things which really do not contribute to your goals. The mail brings us a mound of interesting things to read which really don't help us much. It becomes tempting to get involved in activities at the office (visiting others, discussing cases, talking about your kids) which may not contribute much to your goals. Although it is important to do some of these things, they should be examined to avoid possible significant time wasters.

Use the stand up technique. For that visitor who is primarily that, a visitor, try standing when he/she comes into the office and possibly even moving toward the door as the conversation proceeds. This usually communicates in a more subtle way that you wish to break off the visit and return to your other work.

Exercise 6

This exercise is designed to stimulate your thinking about possible time wasters which you can identify in your own work activities. On page 41 of the Participant's Workbook you will find a form to list time wasters you have experienced which take valuable time from more important tasks.

Take about 10 minutes to list time wasters on this page and then meet with your group to discuss these. In your discussion, I would like for you to consider all the time wasters listed by the group and discuss possible techniques for dealing with them. For each time waster, see if you can generate at least one technique for eliminating or reducing that particular time waster.

Following your group sessions, we will meet as a total group and share your results.

Note to Trainer

This is an appropriate place to stop and review the time management guidelines covered thus far. The next guideline concerns a fairly complicated procedure and lengthy exercise. Therefore, it might be helpful to review the time management guidelines 1 through 9 with a quick overview and discussion. Direct the trainees to page 42 of the Participant's Workbook for this list.

*1. Analyze your time.
2. Develop a time map and plan daily.
3. Allow for the unexpected.
4. Assess the uncontrollable.
5. Delegate and minimize involvement in routine, repetitive tasks.
6. Consolidate similar tasks.
7. Use your prime time for the important tasks.
8. Avoid procrastination.
9. Identify and avoid the time wasters.

*Guidelines 1-9 above are based on the recommendations of Robert L. Adcock and John W. Lee in their article, "Principles of Time Management" in Beck and Hillmar.

10. Allocate sufficient time to provide quality counseling services.

Elaboration by Trainer

Page 43 in the Participant's Workbook

We have covered a number of general time management guidelines thus far. These have not been limited to rehabilitation counseling and have applicability to other settings as well. However, this guideline concerns the rehabilitation counselor's allocation of time to specific tasks. We have discussed the critical counseling functions and tasks performed by the counselor. Those functions and tasks indicate that the rehabilitation counselor is expected to be both a professional counselor and case manager. This requires that the services provided by the counselor be conducted according to professional standards. Such professionalism requires that the counselor allocate sufficient blocks of time to these functions and tasks. It also requires that the counselor take a proactive approach and contact and monitor client progress in the rehabilitation process.

With this in mind the following subguidelines are included to guide the counselor in the provision of counseling and case management services.

a. **All new referrals should have an initial interview within the month.**

Individuals referred for services to rehabilitation are entitled to prompt responses by the agency and the counselor. In some ways, this seems like an excessive period of time. However, this allows for traveling and other functions which may prevent the counselor from responding any more quickly. Standards of time shorter than this would be better, but probably not realistic.

The initial interview should be of sufficient length to cover necessary information in sufficient depth to adequately begin the rehabilitation process. The requirements of the Intake Interviewing Skills training should be met here. It is estimated that this will require a minimum of 1 hour of face-to-face interviewing contact followed by ½ hour of paper work and ½ hour of arranging and purchasing time.

b. **Continuing referrals should be contacted at least once per month.**

Individuals in referral status who have not been accepted for services should be contacted by the counselor by phone, letter or personal contact. This contact will likely require a minimum of ½ hour of counselor time.

c. **The information processing required for eligibility determination for new cases will require at least one hour per case.**

Using the Eligibility Determination Guidelines provided in another aspect of this training, at least one hour will be required to process the diagnostic and evaluation information secured prior to the eligibility decision.

d. **Rehabilitation clients in active status should be contacted at least every 60 days.**

Active clients should be contacted by phone, letter or personal contact to assure that their rehabilitation programs are proceeding as planned. These contacts will average at least ½ hour per client.

e. **Clients ready for employment require at least minimal placement assistance and monitoring.**

Although placement needs vary considerably across individuals, the counselor should spend at least the time necessary for placement readiness and provide suggestions regarding possible employment opportunities to the client. These contacts and services will require an average of 1 hour per client per month.

f. **Clients in employment should receive at least one contact from the counselor each 30 days of employment.**

This contact should be made to follow-up each client and determine the success of the employment situation. Such contacts will likely require an average of ½ hour per client.

g. **The rehabilitation plan development interview should be of sufficient length to fully explore all relevant possibilities for vocational choices and future rehabilitation services.**

It is estimated that this will require a minimum of 2 hours of interview time, 1 hour of paper work, and 1 hour of arranging and purchasing services.

h. **Problem-solving and monitoring interviews should be of sufficient length to fully cover the counseling needs of the client.**

Although it is not possible to fully anticipate the time required for any given interview, it appears reasonable that these types of interviews will require a minimum of 1 hour per contact.

i. **Other counselor tasks will require time from the work schedule of the counselor and the counselor should allocate appropriate time to these.**

Counselors are required to hold meetings with supervisors, medical consultants, and others to meet agency needs. Also, staff development activities will require time as will tasks such as traveling. All of these must be considered in the overall time management scheme.

Turn to page 43 of the Participant's Workbook and you will find the specific sub-guidelines which I just covered. Note also that the estimated average time requirements for each task are covered. This will be used in our next exercise in time management, so quickly review it and we will make use of it later. Although we recognize that there are other tasks the counselor performs, we have attempted to concentrate on the more critical tasks in this training. With the time allocations provided under this guideline, we are going to look at an exercise which again involves our counselor friend, Ellen Murray.

Exercise 7

Ellen Murray, as you may recall, is a typical field counselor in the Arkansas Rehabilitation Agency operating from an office in Junction City. She has a general caseload representing a mixture of disability types as well as racial and ethnic composition. Ellen is faced with the following caseload distribution which may be found on page 44 of the Participant's Workbook.

Cases in Referral Status

10 new referrals to be seen

15 continuing referrals

5 "08" closures to be processed

Cases in Active Status

5 new cases to be accepted

5 new plans to be completed (For EE or VR)

5 new plans to be initiated

50 continuing cases in service

5 cases ready for employment

5 cases in employment

10 closures to be processed (Statuses 26, 28 and 30)

With this caseload composition in mind, we will review both the sub-guidelines and the caseload distribution now.

a. All new referrals should have an initial interview within the month.

b. Continuing referrals should be contacted at least once per month.

c. The information processing required for eligibility determination for new cases will require at least one hour per case.

d. Rehabilitation clients in active status should be contacted at least every 60 days.

e. Clients ready for employment require at least minimal placement assistance and monitoring.

f. Clients in employment should receive at least one contact each 30 days of employment.

g. The rehabilitation plan development interview should be of sufficient length to fully explore all relevant possibilities for vocational choices and future rehabilitation services.

h. Problem-solving and monitoring interviews should be of sufficient length to fully cover the counseling needs of the client.

i. Other counselor tasks will require time from the work schedule of the counselor and the counselor should allocate appropriate time to these.

Other Assumptions about the Caseload Management of Ellen Murray's Caseload

1. Ellen will attempt to practice rehabilitation counseling according to the time requirements covered on page 43 of the Participant's Workbook during the coming month.
2. Ellen has no plans for vacation, and will experience no illness or other contingencies which will take her away from her caseload during the coming month.

With this background information, meet with your group and estimate the number of hours required for Ellen's caseload during this month. Use the space provided on page 44 of the Participant's Workbook. Also, identify any other tasks which you anticipate Ellen would have to perform and estimate the time requirements for these as well.

After you have finished this, we will meet again as a total group and examine the time estimates which you have generated and discuss the other possible tasks.

Note to Trainer

This exercise should generate considerable discussion about the time requirements for the rehabilitation counselor. The time estimates for this hypothetical caseload should be examined in terms of the total time available to the counselor during the month. Some additional questions which can be used to guide the discussion are provided below.

1. What would Ellen be facing if her caseload increased by 50%? Could she handle it and practice according to these guidelines?
2. What effect would a rural caseload requiring extensive travel have on planning and time allocations?
3. Have we over or underestimated any particular time requirements?
4. Are there other tasks which should be included which require major time and effort by the counselor?

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Epilogue to the Time Management Guidelines

One of the problems with time management is that it is common sensical, so much so that few of us do it well. We have covered techniques which can assist the counselor in more effective time management. However, there are some mistakes which sould be avoided in time management and the use of the guidelines which we have covered. Some of the ones to avoid are:

1. the use of gimmicks rather than commitment to a real time management strategy;
2. becoming a time nut with so much emphasis on the value of your time that no one can tolerate your compulsive time concern;
3. becoming an overly organized list maker.

Phase III

Progress Review

Introduction to Progress Review

The third phase of systematic caseload management is progress review. We have dealt with the two questions "What is to be done and how?" and "When is the task to be done?" in the phases on planning and time management. It is now time to direct our attention to the third question, "Was the task done and if not what should be done to accomplish it?" Progress review is the regular assessment by the counselor to determine whether or not planned for accomplishments have been achieved.

The emphasis in progress review is upon outcome rather than process. The measurement of counseling process during the interview, the quality of case processing and the quality of interaction with significant others are important counselor tasks. However, it is not within the capacity of the counselor to take the time necessary to review these process activities extensively within the context of daily work activities. These evaluations should be conducted periodically in consultation with the supervisor. Therefore, progress review is the assessment of the outcomes accomplished in terms of the work plans of the counselor. Progress review involves the assessment of task accomplishment: (1) was the task accomplished? and (2) if not, what future action should be taken? In the latter case, the counselor may well feel that a more indepth study of his/her counseling and case management techniques is necessary. This awareness is usually brought about when success has not been realized on several tasks.

The rehabilitation counselor is trained to perform as a professional. One of the obligations of a professional is to monitor and review services to clients. Due to the complexities of the rehabilitation counseling role, this calls for a system to regularly determine if the counselor is accomplishing the goals set out for the client. Also, rehabilitation counselors in the state agency setting are evaluated by supervisors to determine what they have accomplished. Therefore, the counselor needs some system to plan, conduct and assess the outcome of the counseling services in order to maintain high quality services and to meet the requirements for counselor performance as judged by the supervisor.

Objectives for Training in Progress Review

Training is provided in the progress review area to:

1. alert the counselor to the need for a system to periodically assess outcomes in terms of planned-for service goals to be achieved;
2. prepare counselors to attend to the various functions and tasks which should be reviewed;
3. complete the link in the Systematic Caseload Management training from planning and time management;
4. assist the counselor in identifying specific counselor tasks which may require additional training for knowledge and skill development;
5. provide a management framework for progress review by concentrating on outcome; and
6. stimulate the counselor to relate to the supervisor and clearly identify the functions and tasks by which the counselor will be evaluated.

Guidelines for Effective Progress Review

1. Meeting needs: The basic objective.

Elaboration by Trainer

Page 47 in the Participant's Workbook

Systematic Caseload Management is developed around the concept of meeting client, counselor and agency needs. We have covered techniques for establishing client, counselor and agency needs. The counselor should also develop a time map to allocate time to specific tasks undertaken to meet these needs. We also discussed the importance of clearly stated service goals for both the client and the counselor.

Progress review focuses the attention of the counselor on the assessment of progress in terms of meeting identified goals and requires that the counselor regularly evaluate such progress. The counselor should go through the Time Map and examine each listed goal and determine if it has been met. After that analysis, the counselor should assess what should be done about any unmet goals.

2. Review at least weekly.

Elaboration by Trainer

Page 47 in the Participant's Workbook

The counselor should devote time at least once each week to a thorough review of the time map in terms of goals achieved. Which goals were met? Is there any pattern across the type of goals not achieved? Are the problems largely attributable to clients? to the counselor?

The counselor should also look for patterns which may call for some assessment of the counselor's process skills. The counselor should schedule at least one hour of time each week to review what is listed in the time map. Additionally, it is often necessary to review at the end of the day or during the day when directions in plans must be changed. However, what we're talking about here is a longer term look at the type of goals achieved and the types of problems encountered over at least a week.

3. Use available resources in your setting to assist in progress review.

Elaboration by Trainer

Page 47 in the Participant's Workbook

The counselor should use resources such as supervisors, colleagues and staff development personnel for additional feedback on performance. When the counselor recognizes that some goals have not been met to his/her satisfaction, it may be helpful to turn to these others for additional feedback. The counselor should present the situation to the appropriate resource individual and discuss ways of analyzing the situation and searching for solutions. This places the counselor in a proactive position seeking help for difficult problems in case management and counseling rather than the position of reacting to negative assessments by supervisors and others. Additionally, when the counselor seeks assistance from the supervisors, an opportunity is afforded to better understand the perspective of the supervisor in terms of evaluation. This should allow the counselor to better understand how he/she will be judged in terms of expected performance by the supervisor.

Exercise 1

We often find it difficult to turn to others for assistance in better understanding problems and our role in helping with problems. The next exercise calls for you to think about what you are currently doing in seeking assistance in reviewing your own progress and also seeking assistance in working through problem situations.

Turn to page 48 of the Participant's Workbook and look at the questions there. I would like you to work by yourself for about 10 minutes answering the questions at the top of the page. When done, meet with your group and discuss the questions on the bottom half of the page. We will then meet as a total group to summarize your discussions.

Epilogue to the Progress Review Task of Systematic Caseload Management

Elaboration by Trainer

This concludes the training on Progress Review. Turn to Page 47 of the Participant's Workbook for a listing of the three guidelines of Progress Review. These are provided for a quick summary. Again, it is important for a counselor to have a system for evaluating what is accomplished. The system incorporated in Systematic Caseload Management calls for the counselor to emphasize:

Meeting needs, the basic objective.

Reviews at least weekly.

Use of resources such as supervisors and colleagues to assess more completely.

Before we forget, there is a Systematic Caseload Management Principle which should always be remembered.

The Principle of Muddling Through

Little planning, less time management, practically no progress review, which leaves little time for anything, but the mess you are in now.

References

Adcock, R.L. and Lee, J.W. Principles of time management. In Beck, A.C. and Hillmar, E.D. **A Practical Approach to Organization Development through MBO.** Addison-Wesley Publishing Company, Reading, Massachusetts, 1972, pp. 282-285.

Emener, W.G. and Rubin, S.E. Rehabilitation counselor roles and functions and sources of role strain. **Journal of Applied Rehabilitation Counseling.** 1980, **11**(2), 57-69.

McGowan, J.F. and Porter, T.L. An Introduction to the Vocational Rehabilitation Process. Department of Health, Education, and Welfare, Washington, D.C., 1967.

Rubin, S.E. and Roessler, R.T. **Foundations of the Vocational Rehabilitation Process.** Baltimore: University Park Press, 1978.

Appendix A

Systematic Caseload Management Pre-training Information

Systematic Caseload Management

Pre-training Information

Participants will receive advanced information about the training which will include the following:

1. A brief description of the workshop providing a basic overview of the program and the activities included in the training.
2. A request that they estimate the percentage of time which they devote to major rehabilitation counseling activities. This will be done with the **Rehabilitation Counseling Time Estimate Form**. It should be completed before the **Rehabilitation Counseling Time Log** is completed.
3. A request that they complete the **Rehabilitation Counseling Time Log** for a typical work week prior to the training program. This will be used in an exercise during the training.
4. A request that they bring any caseload management techniques, tips, ideas or materials along with them to the workshop.

(Agency Letterhead)

Date

Dear

We are looking forward to seeing you at the Systematic Caseload Management training program. That training program will focus on various techniques for managing an entire caseload of clients and emphasize (1) planning, (2) time management, and (3) progress review techniques.

At this point, we would like to request that you complete certain forms prior to arrival at the training program. They are:

1. The Rehabilitation Counseling Time Estimate Form
   and
2. The Rehabilitation Counseling Time Log

As you will notice, instructions have been provided for the filling out of each. Please bring the completed forms with you to the training session. You will be using those completed forms as part of an exercise under the time management component of the training that involves a personal analysis of how you actually spend your work time and how you would like to spend your work time.

If you feel that you have any good caseload management techniques, ideas, or materials, bring them along to share with the group.

Sincerely,

Rehabilitation Counseling Time Estimate Form

Instructions

This form will provide information about how your time is being spent and will be used in the training program. Also, it should be helpful to you personally by challenging you to think about how your time is spent and whether it is spent on important activities as far as you are concerned.

This should take about 30 minutes of your time to

stop

think

analyze, and

record

the estimated percentages of time you devote to the activities listed on the form. You should distribute your time so that the percentages add to 100%. You do not have to report a percentage in every space. Simply write 0 if you do not devote any time to the activity listed. You should consider a time period of approximately the past year in arriving at your estimates. This should allow for fluctuations in work activities, such as a lot of paper work at the end of the year.

The following definitions are offered to assist you in understanding the activities listed on the form:

Intake interviewing: A major activity of the counselor is the initial interview and the information collection and information dissemination tasks associated with initiating the client into the rehabilitation process.

Eligibility determination: The processing of client information for determining eligibility for rehabilitation services.

Problem solving and monitoring interviews: Monitoring the service program developed in the IWRP and assisting in problem solving tasks as necessary during the service program.

Recording and reporting: These tasks involve those which the counselor completes as an official representative of a public agency for which records and reports are required. Eligibility forms, rehabilitation plans, purchase of service documents and correspondence are examples of such tasks.

Arranging for and purchasing services: This task involves the variety of arrangements for services such as training, physical restoration and related supportive services such as transportation and housing. These tasks usually involve contact with other professionals such as physicians, psychologists, social workers, secretaries and placement personnel located within or outside the agency. Also included are the purchases which the counselor makes with his/her case service budget.

Decision making: This includes the various decision making tasks related to eligibility, services to purchase for clients, appropriateness of rehabilitation plans, and the appropriate time for case closures.

Interaction with significant others: This includes the interaction with families, friends of clients or other community resource personnel such as civic club members who are not directly involved in rehabilitation activities.

Placement and follow-up: This includes job development activities, being a client advocate with employers, job analysis, contacting clients following placement, etc.

Traveling: This refers to the time devoted to traveling for whatever purpose during the working day.

Meetings with supervisors and other agency personnel: This applies to the formal and informal meetings and working sessions with various agency personnel.

Rehabilitation Counseling Time Estimate Form

Rehabilitation Counseling Activity	% of Time
Intake interviewing	_____
Eligibility determination	_____
Rehabilitation plan development	_____
Problem solving and monitoring interviews	_____
Recording and reporting case documents and other materials	_____
Arranging for services and purchasing services, including necessary interaction with professionals such as physicians, psychologists, etc.	_____
Preparation for and making of decisions such as eligibility, services to purchase, etc.	_____
Interaction with significant others such as family members and friends of clients	_____
Placement and follow up	_____
Traveling	_____
Meetings with supervisors and other agency personnel, both formal and informal	_____
Others: (Describe)	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total =	**100%**

Rehabilitation Counseling Time Log

Instructions

In order to personalize the training experience as much as possible for you, several exercises in the workshop call for you to

analyze your time and

analyze how well you are accomplishing the goals which are important to you.

Therefore, we would like you to complete the **Rehabilitation Counseling Time Log** for a typical workweek (e.g., not on vacation or attending in-service training) prior to attending the workshop. Completion of the Time Log includes the following:

1. Record on the Time Log as best you can the major activity you performed during each time period. For example between 8:00 a.m. to 10:00 a.m. on Friday you might have:

   Contacted Acme Industries in person to analyze possibilities of placement for Tony Jones.

2. If there is more than one activity during any time slot, try to estimate the time required for each. If the same activity exceeds one time slot, simply ditto in that space.
3. You should record your activities at the end of each morning and each afternoon if at all possible.
4. Complete a Time Log for each day of the week. You have been provided with 5 Time Log Sheets (one for each day).
5. We are interested in the approximate time devoted to each activity. Don't get bogged down in minute by minute record keeping. Recording on the basis of thirty minute intervals is optimal.
6. **Bring your Time Log Sheets to the workshop with you.**

Rehabilitation Counseling Time Log

Monday **Tuesday** **Wednesday** **Thursday** **Friday** **(Circle One)**

Time	Activity	Time	Activity
8:00/ 8:30		12:30/ 1:00	
8:30/ 9:00		1:00/ 1:30	
9:00/ 9:30		1:30/ 2:00	
9:30/ 10:00		2:00/ 2:30	
10:00/ 10:30		2:30/ 3:00	
10:30/ 11:00		3:00/ 3:30	
11:00/ 11:30		3:30/ 4:00	
11:30/ 12:00		4:00/ 4:30	
12:00/ 12:30		4:30/ 5:00	